

Multiple Dependent
Claim
Fee Calculation Sheet
(For Use With Form 1-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	1		1			
8						
9					2	
10						
11					1	
12						
13						
14	1		1			
15						
16						
17		3			1	
18						
19						
20					2	
21					1	
22	1		1			
23						
24						
25						
26						
27						
28						
29	1		1			
30		1				
31						
32						
33						
34						
35		5			1	
36						
37						
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			9			
TOTAL DEP.			26			
TOTAL CLAIMS			35			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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57								
58								
59								
60								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

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